



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 14, 2015

Kim Cross & Vicki Schuman
10 6 1/2 Maquoketa Street
Anamosa, IA 52205

Dear Kim & Vicki,

This letter is in regards to the January 13, 2015 compliance check of your Level C-2, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1) n Each smoke detector is tested monthly, and a record is kept for inspection purposes.

Providers record showed smoke detector batteries were last tested on October 3, 2014.

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2) b Certificates or training verification documentation for:

☐ 110.5(2) b Within the first three months of registration:

☐ 110.5(2) b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

Certificate providers had is for Adult CPR. Certification is required in Infant and Child CPR so they will need to complete that training.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every three years thereafter.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

Provider indicated they have sent in an application adding two people as assistants and substitutes.

Above are the requirements these individuals will need in their assistant file.

- ☐ 110.5(2)d An individual file is maintained for each substitute and contains:
- ☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.
- ☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643
- ☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every three years thereafter.
- ☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
- ☐ 110.5(2) d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

Provider indicated they have sent in an application adding two people as assistants and substitutes.

Above are the requirements these individuals will need in their substitute file.

- ☐ 110.5(8) Children's Files
- ☐ 110.5(8) d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

Admission physical were not found in any children's files.

- ☐ 110.5(8) d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

A statement of health status signed by a parent or legal guardian was not found in any school-age children's files.

- ☐ 110.5(8) e For infants and preschoolers: A statement of health signed by a physician submitted annually.

One child's file did not have a physical. One file has a physical that was more than a year old.

- ☐ 110.5(8) e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

There was not an annual statement of health condition signed by parent or legal guardian in any of the school-aged children's files. Enclosed is a sample form you could use to meet this requirement.

- ☐ 110.5(8) f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

Information sheet signed by the parents identifying who is authorized to pick Up their child did not have the relationship and telephone number for the people listed.

☐ 110.5(8) g A signed and dated immunization certificate provided by the state department of public health.

One child's file did not have a signed and dated immunization certificate. Two other children's files have a certificate but it was not signed and dated by a physician.

☐ 110.5(8) h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

There is no record of a physical exam completed at the time of school enrollment or since in any school-age children's file.

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9) c Is capable of handling emergencies.

Both providers are not certified in Infant and Child CPR.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.

Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates.

Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

**Please sign and date below, and return this form in the provided envelope by:
March 2, 2015**

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319/892 – 6803 if you have any questions regarding this letter.

Sincerely,

Social Worker II

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 319/538 – 8464 (Cindy Heck).

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).